

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000279

FILED
Apr 18, 2006
Secretary of State

Entity Name: MAGNOLIA DUNES HOMEOWNERS' ASSOCIATION, INC. OF ST. JOHNS COUNTY

Current Principal Place of Business:

20 MAGNOLIA DUNES CIR
C/O JAMEY JO MCCOY
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

20 MAGNOLIA DUNES CIR
C/O JAMEY JO MCCOY
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3572310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOY, JAMEY J
20 MAGNOLIA DUNES CIR
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANFORD, GERALD
Address: 26 MAGNOLIA DUNES CIR
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: SAVARESE, GARY
Address: 23 MAGNOLIA DUNES CIR.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: ORTEGA, GEORGE
Address: 28 MAGNOLIA DUNES CIR.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: MCCOY, JAMEY J
Address: 20 MAGNOLIA DUNES CIR
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: ANDREWS, ED
Address: 54 MAGNOLIA DUNES CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMEY JO MCCOY

D

04/18/2006

Electronic Signature of Signing Officer or Director

Date